FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91001 014 ****50.00

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1. Entity Name

ADRENALINE ENTERTAINMENT, L.L.C.

2. Principal Place of Business
1865 KENNEDY CAUSEWAY, SUITE 5-D
Suite, Apt. #, etc.

3. Mailing Address
3535 HYAWATHA AVENUE
Suite, Apt. #, etc.
SUITE A-106

DO NOT WRITE IN THIS SPACE

City & State: NORTH BAY VILLAGE, FL
Zip: 33141 Country: USA

City & State: MIAMI-FLORIDA
Zip: 33133 Country: USA

4. FEI Number: 52-2301470 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: ADRIANA FERRER
Street Address (P.O. Box Number is Not Acceptable)
C/O: JE OYARCE & ASSOCIATES
199 SW 12TH AVENUE, SUITE 11
City: MIAMI FL Zip Code: 33130-1056

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE A. Ferrer ADRIANA FERRER 4/21/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	FERRER, ADRIANA
STREET ADDRESS	3535 HYAWATHA AVENUE, # A-106
CITY-ST-ZIP	MIAMI-FL 33133
TITLE	MGRM
NAME	HERNANDEZ, JOAQUIN
STREET ADDRESS	3535 HYAWATHA AVENUE, # A-106
CITY-ST-ZIP	MIAMI-FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: A. Ferrer ADRIANA FERRER, MGRM 4/21/2003 (305) 324-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #